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**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to:

"Commissioner for Patents"  
P.O. Box 1450  
Alexandria, VA 22313-1450

on February 2, 2009



Gerard J. McGowan, Jr.  
Reg. No. 29,412  
Attorney for Applicant(s)

February 2, 2009  
Date of Signature

**PATENT  
CASE #F3314(C)**

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**FEB 02 2009**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Dyks et al.  
Serial No.: 10/643,244  
Filed: August 18, 2003  
Conf. No.: 3282

Group: 1794  
Examiner: Kelly Jo Bekker  
Englewood Cliffs, New Jersey 07632

**PETITION FOR EXTENSION OF TIME TO FILE A RESPONSE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner for Patents to extend the time to file a Response for one month from January 1, 2009 to February 1, 2009.

Please charge Deposit Account No. 12-1155 in the amount of \$130.00 to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to this deposit account. This request is being submitted in triplicate.

Respectfully submitted,



Gerard J. McGowan, Jr.  
Attorney for Applicant  
Registration No. 29,412

(201) 894-2297

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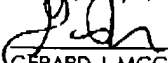
**UNITED STATES DEPT. OF COMMERCE**  
**Patent and Trademark Office**

**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

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**FEB 02 2009**

on February 2, 2009

  
GERARD J. MCGOWAN  
Reg. No. 29,412  
Attorney for Applicant(s)

February 2, 2009  
Date of Signature

In re application of: Dyks et al.  
Serial No.: 10/643,244  
Filed: August 18, 2003  
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Group: 1794  
Examiner: Kelly Jo Bekker  
Englewood Cliffs, New Jersey 07632

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.  
[X] No additional fee is required.

The fee has been calculated as shown below.

**CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Minus			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[ ] Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our  
deposit account No. 12-1155, including all required fees under

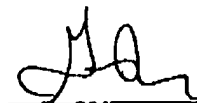
[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

/gjm  
(201) 894-2297



Gerard J. McGowan, Jr.  
Attorney of Record  
Reg. #29,412